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DEDICATORY ADDRESS AT THE OPENING OF THE NEW
BUILDING AND HALL OF THE BOSTON MEDICAL LI-
BRARY ASSOCIATION.¹

BY OLIVER WENDELL HOLMES, M. D.,

President of the Association.

It is my appointed task, my honorable privilege, this evening, to speak of what has been done by others. No one can bring his tribute of words into the presence of great deeds, or try with them to embellish the memory of any inspiring achievement, without feeling and leaving with others a sense of their insufficiency. So felt Alexander when he compared even his adored Homer with the hero the poet had sung. So felt Webster when he contrasted the phrases of rhetoric with the eloquence of patriotism and of self-devotion. So felt Lincoln when on the field of Gettysburg he spoke those immortal words which Pericles could not have bettered, which Aristotle could not have criticised. So felt he who wrote the epitaph of the builder of the dome which looks down on the crosses and weathercocks that glitter over London.

We are not met upon a battle-field, except so far as every laborious achievement means a victory over opposition, indifference, selfishness, faintheartedness, and that great property of mind as well as matter, — inertia. We are not met in a cathedral, except so far as every building whose walls are lined with the products of useful and ennobling thought is a temple of the Almighty, whose inspiration has given us understanding. But we have gathered within walls which bear testimony to the self-sacrificing, persevering efforts of a few young men, to whom we owe the origin and development of all that excites our admiration in this completed enterprise; and I might consider my task as finished if I contented myself with borrowing the last word of the architect's epitaph and only saying, Look around you!

The reports of the librarian have told or will tell you, in some detail, what has been accomplished since the 21st of December, 1874, when six gentlemen met at the house of Dr. Henry Ingersoll Bowditch to discuss different projects for a medical library. In less than four years

¹ Read December 3, 1878.

om that time, by the liberality of associations and of individuals, this collection of nearly ten thousand volumes, of five thousand pamphlets, and of one hundred and twenty-five journals, regularly received, — all worthily sheltered beneath this lofty roof, — has come into being under our eyes. It has sprung up, as it were, in the night, like a mushroom ; it stands before us in full daylight as lusty as an oak, and promising to grow and flourish in the perennial freshness of an evergreen.

To whom does our profession owe this already large collection of books, exceeded in numbers only by four or five of the most extensive libraries in the country, and lodged in a building so well adapted to its present needs? We will not point out individually all those younger members of the profession who have accomplished what their fathers and elder brethren had attempted and partially achieved. We need not write their names on these walls, after the fashion of those civic dignitaries who immortalize themselves on tablets of marble and gates of iron. But their contemporaries know them well, and their descendants will not forget them, — the men who first met together, the men who have given their time and their money, the faithful workers, worthy associates of the strenuous agitator who gave no sleep to his eyes, no slumber to his eyelids, until he had gained his ends ; the untiring, imperturbable, tenacious, irrepressible, all-subduing agitator who neither rested nor let others rest until the success of the project was assured. If, against his injunctions, I name Dr. James Read Chadwick, it is only my revenge for his having kept me awake so often and so long while he was urging on the undertaking in which he has been preëminently active and triumphantly successful.

We must not forget the various medical libraries which preceded this : that of an earlier period, when Boston contained about seventy regular practitioners ; the collection afterwards transferred to the Boston Athenæum ; the two collections belonging to the University ; the Treadwell Library at the Massachusetts General Hospital ; the collections of the two societies, that for Medical Improvement and that for Medical Observation ; and more especially the ten thousand volumes relating to medicine belonging to our noble public city library, — too many blossoms on the tree of knowledge, perhaps, for the best fruit to ripen. But the Massachusetts Medical Society now numbers nearly four hundred members in the city of Boston. The time had arrived for a new and larger movement. There was needed a place to which every respectable member of the medical profession could obtain easy access ; where, under one roof, all might find the special information they were seeking ; where the latest medical intelligence should be spread out daily as the shipping news is posted on the bulletins of the exchange ; where men engaged in a common pursuit could meet, surrounded by the mute oracles of science and art ; where the

whole atmosphere should be as full of professional knowledge as the apothecary's shop is of the odor of his medicaments. This was what the old men longed for, — the prophets and kings of the profession, who

"desired it long,
But died without the sight."

This is what the young men and those who worked under their guidance undertook to give us. And now such a library, such a reading room, such an exchange, such an intellectual and social meeting-place, we behold a fact, plain before us. The medical profession of our city, and, let us add, of all those neighboring places which it can reach with its iron arms, is united as never before by the *commune vinculum*, the common bond of a large, enduring, ennobling, unselfish interest. It breathes a new air of awakened intelligence. It marches abreast of the other learned professions, which have long had their extensive and valuable centralized libraries; abreast of them, but not promising to be content with that position. What glorifies a town like a cathedral? What dignifies a province like a university? What illuminates a country like its scholarship, and what is the nest that hatches scholars but a library?

The physician, some may say, is a practical man and has little use for all this book-learning. Every student has heard Sydenham's reply to Sir Richard Blackmore's question as to what books he should read, — meaning medical books. "Read Don Quixote," was his famous answer. But Sydenham himself made medical books and may be presumed to have thought *those* at least worth reading. Descartes was asked where was his library, and in reply held up the dissected body of an animal. But Descartes made books, great books, and a great many of them. A physician of common sense without erudition is better than a learned one without common sense, but the thorough master of his profession must have learning added to his natural gifts.

It is not necessary to maintain the direct practical utility of all kinds of learning. Our shelves contain many books which only a certain class of medical scholars will be likely to consult. There is a dead medical literature, and there is a live one. The dead is not all ancient, the live is not all modern. There is none, modern or ancient, which, if it has no living value for the student, will not teach him something by its autopsy. But it is with the live literature of his profession that the medical practitioner is first of all concerned.

Now there has come a great change in our time over the form in which living thought presents itself. The first printed books — the *incunabula* — were enclosed in boards of solid oak, with brazen clasps and corners; the boards by and by were replaced by pasteboard covered with calf or sheepskin; then cloth came in and took the place of

leather; then the pasteboard was covered with paper instead of cloth; and at this day the quarterly, the monthly, the weekly periodical in its flimsy unsupported dress of paper, and the daily journal, naked as it came from the womb of the press, hold the larger part of the fresh reading we live upon. We must have the latest thought in its latest expression; the page must be newly turned like the morning bannock; the pamphlet must be newly opened like the ante-prandial oyster.

Thus a library, to meet the need of our time, must take, and must spread out in a convenient form, a great array of periodicals. Our active practitioners read these by preference over almost everything else. Our specialists, more particularly, depend on the month's product, on the yearly crop of new facts, new suggestions, new contrivances, as much as the farmer on the annual yield of his acres. One of the first wants, then, of the profession is supplied by our library in its great array of periodicals from many lands in many languages. Such a number of medical periodicals no private library would have room for, no private person would pay for, or flood his library with if they were sent him for nothing. These, I think, with the reports of medical societies and the papers contributed to them, will form the most attractive part of our accumulated medical treasures. They will be also one of our chief expenses, for these journals must be bound in volumes and they require a great amount of shelf-room; all this, in addition to the cost of subscription for those which are not furnished us gratuitously.

It is true that the value of old scientific periodicals is, other things being equal, in the inverse ratio of their age, for the obvious reason that what is most valuable in the earlier volumes of a series is drained off into the standard works with which the intelligent practitioner is supposed to be familiar. But no extended record of facts grows too old to be useful provided only that we have a ready and sure way of getting at the particular fact or facts we are in search of.

And this leads me to speak of what I conceive to be one of the principal tasks to be performed by the present and the coming generation of scholars, not only in the medical, but in every department of knowledge. I mean the formation of *indexes*, and more especially of indexes to periodical literature.

This idea has long been working in the minds of scholars, and all who have had occasion to follow out any special subject. I have a right to speak of it, for I long ago attempted to supply the want of indexes in some small measure, for my own need. I had a very complete set of the *American Journal of the Medical Sciences*; an entire set of the *North American Review*, and many volumes of the reprints of the three leading British quarterlies. Of what use were they to me without general indexes? I looked them all through carefully and made classified lists of all the articles I thought I should most care to read. But

they soon outgrew my lists. The *North American Review* kept filling up shelf after shelf, rich in articles which I often wanted to consult, but what a labor to find them, until the index of Mr. Cushing, published a few months since, made the contents of these hundred and twenty volumes as easily accessible as the words in a dictionary! I had a copy of good Dr. Abraham Rees's Cyclopædia, a treasure-house to my boyhood which has not lost its value for me in later years. But where to look for what I wanted? I wished to know, for instance, what Dr. Burney had to say about singing. Who would have looked for it under the Italian word *cantare*? I was curious to learn something of the etchings of Rembrandt, and where should I find it but under the head "Low Countries, Engravers of the,"—an elaborate and most valuable article of a hundred double-columned close-printed quarto pages, to which no reference, even, is made under the title Rembrandt. There was nothing to be done, if I wanted to know where that which I specially cared for was to be found in my Rees's Cyclopædia, but to look over every page of its forty-one quarto volumes and make out a brief list of matters of interest which I could not find by their titles, and this I did, at no small expense of time and trouble.

Nothing, therefore, could be more pleasing to me than to see the attention which has been given of late years to the great work of indexing. It is a quarter of a century since Mr. Poole published his *Index to Periodical Literature*, which it is much to be hoped is soon to appear in a new edition, grown as it must be to formidable dimensions by the additions of so long a period. The *British and Foreign Medical Review*, edited by the late Sir John Forbes, contributed to by Huxley, Carpenter, Laycock, and others of the most distinguished scientific men of Great Britain, has an index to its twenty-four volumes, and by its aid I find this valuable series as manageable as a lexicon. The last edition of the *Encyclopædia Britannica* had a complete index in a separate volume, and the publishers of Appleton's *American Cyclopædia* have recently issued an index to their useful work, which must greatly add to its value. I have already referred to the index to the *North American Review*, which to an American, and especially to a New Englander, is the most interesting and most valuable addition of its kind to our literary apparatus since the publication of Mr. Allibone's *Dictionary of Authors*. I might almost dare to parody Mr. Webster's words in speaking of Hamilton, to describe what Mr. Cushing did for the solemn rows of back volumes of our honored old *Review* which had been long fossilizing on our shelves: "He touched the dead corpse of the" *North American*, "and it sprang to its feet." A library of the best thought of the best American scholars during the greater portion of the century was brought to light by the work of the index-maker as truly as were the Assyrian tablets by the labors of Layard.

A great portion of the best writing and reading—literary, scientific, professional, miscellaneous—comes to us now, at stated intervals, in paper covers. The writer appears, as it were, in his shirt-sleeves. As soon as he has delivered his message the book-binder puts a coat on his back, and he joins the forlorn brotherhood of “back volumes,” than which, so long as they are unindexed, nothing can be more exasperating. Who wants a lock without a key, a ship without a rudder, a binnacle without a compass, a check without a signature, a greenback without a goldback behind it?

I have referred chiefly to the medical journals, but I would include with these the reports of medical associations, and those separate publications which, coming in the form of pamphlets, heap themselves into chaotic piles and bundles which are worse than useless, taking up a great deal of room, and frightening everything away but mice and mousing antiquarians, or possibly at long intervals some terebrating specialist.

Arranged, bound, indexed, all these at once become accessible and valuable. I will take the first instance which happens to suggest itself. How many who know all about osteoblasts and the experiments of Ollier, and all that has grown out of them, know where to go for a paper by the late Dr. A. L. Peirson, of Salem, published in the year 1840, under the modest title, *Remarks on Fractures*? And if any practitioner who has to deal with broken bones does *not* know that most excellent and practical essay, it is a great pity, for it answers very numerous questions which will be sure to suggest themselves to the surgeon and the patient as no one of the recent treatises, on my own shelves, can do.

But if indexing is the special need of our time in medical literature, as in every department of knowledge, it must be remembered that it is not only an immense labor, but one that never ends. It requires therefore the coöperation of a large number of individuals to do the work, and a large amount of money to pay for making its results public through the press. When it is remembered that the catalogue of the library of the British Museum is contained in nearly three thousand large folios of manuscript, and not all its books are yet included, the task of indexing any considerable branch of science or literature looks as if it were well nigh impossible. But many hands make light work. An “Index Society” has been formed in England, already numbering about one hundred and seventy members. It aims at “supplying thorough indexes to valuable works and collections which have hitherto lacked them; at issuing indexes to the literature of special subjects; and at gathering materials for a general reference index.” This society has published a little treatise setting forth the history and the art of indexing, which I trust is in the hands of some of our members, if not upon our shelves.

Something has been done in the same direction by individuals in our

own country, as we have already seen. The need of it in the department of medicine is beginning to be clearly felt. Our library has already an admirable catalogue with cross references, the work of a number of its younger members coöperating in the task. A very intelligent medical student, Mr. William D. Chapin, whose excellent project is endorsed by well-known New York physicians and professors, proposes to publish a yearly index to original communications in the medical journals of the United States, classified by authors and subjects. But it is from the National Medical Library at Washington that we have the best promise and the largest expectations. That great and growing collection of fifty thousand volumes is under the eye and hand of a librarian who knows books and how to manage them. For libraries are the standing armies of civilization, and an army is but a mob without a general who can organize and marshal it so as to make it effective. The "Specimen Fasciculus of a Catalogue of the National Medical Library," prepared under the direction of Dr. Billings, the librarian, would have excited the admiration of Haller, the master scholar in medical science of the last century, or rather of the profession in all centuries, and if carried out as it is begun will be to the nineteenth all and more than all that the three Bibliothecæ — Anatomica, Chirurgica, and Medico-Practica — were to the eighteenth century. I cannot forget the story that Agassiz was so fond of telling of the king of Prussia and Fichte. It was after the humiliation and spoliation of the kingdom by Napoleon that the monarch asked the philosopher what could be done to regain the lost position of the nation. "Found a great university, Sire," was the answer, and so it was that in the year 1810 the world-renowned University of Berlin came into being. I believe that *we* in this country can do better than found a national university, whose professors shall be nominated in caucuses, go in and out, perhaps, like postmasters, with every change of administration, and deal with science in the face of their constituency as the courtier did with time when his sovereign asked him what o'clock it was: "Whatever hour your majesty pleases." But when we have a noble library like that at Washington, and a librarian of exceptional qualifications like the gentleman who now holds that office, I believe that a liberal appropriation by Congress to carry out a conscientious work for the advancement of sound knowledge and the bettering of human conditions, like this which Dr. Billings has so well begun, would redound greatly to the honor of the nation. It ought to be willing to be at some charge to make its treasures useful to its citizens, and, for its own sake, especially to that class which has charge of health public and private. This country abounds in what are called "self-made men," and is justly proud of many whom it thus designates. In one sense no man is self-made who breathes the air of a civilized community. In another sense every man who is anything other than a phonograph on legs is self-

made. But if we award his just praise to the man who has attained any kind of excellence without having had the same advantages as others whom, nevertheless, he has equalled or surpassed, let us not be betrayed into undervaluing the mechanic's careful training to his business, — the thorough and laborious education of the scholar and the professional man.

Our American atmosphere is vocal with the flippant loquacity of half knowledge. We must accept whatever good can be got out of it, and keep it under as we do sorrel and mullein and witchgrass, by enriching the soil, and sowing good seed in plenty; by good teaching and good books, rather than by wasting our time in talking against it. Half knowledge dreads nothing but whole knowledge.

I have spoken of the importance and the predominance of periodical literature, and have attempted to do justice to its value. But the almost exclusive reading of it is not without its dangers. The journals contain much that is crude and unsound; the presumption, it might be maintained, is against their novelties, unless they come from observers of established credit. Yet I have known a practitioner — perhaps more than one — who was as much under the dominant influence of the last article he had read in his favorite medical journal as a milliner under the sway of the last fashion-plate. The difference between green and seasoned knowledge is very great, and such practitioners never hold long enough to any of their knowledge to have it get seasoned.

It is needless to say, then, that all the substantial and permanent literature of the profession should be represented upon our shelves. Much of it is there already, and as one private library after another falls into this by the natural law of gravitation, it will gradually acquire all that is most valuable almost without effort. A scholar should not be in a hurry to part with his books. They are probably more valuable to him than they can be to any other individual. What Swedenborg called "correspondence" has established itself between his intelligence and the volumes which wall him within their sacred enclosure. Napoleon said that his mind was as if furnished with drawers, — he drew out each as he wanted its contents, and closed it at will when done with them. The scholar's mind, to use a similar comparison, is furnished with shelves, like his library. Each book knows its place in the brain as well as against the wall or in the alcove. His consciousness is doubled by the books which encircle him, as the trees that surround a lake repeat themselves in its unruffled waters. Men talk of the nerve that runs to the pocket, but one who loves his books, and has lived long with them, has a nervous filament which runs from his sensorium to every one of them. Or, if I may still let my fancy draw its pictures, a scholar's library is to him what a temple is to the worshipper who frequents it. There is the altar sacred to his holiest experiences.

There is the font where his new-born thought was baptized and first had a name in his consciousness. There is the monumental tablet of a dead belief, sacred still in the memory of what it was while yet alive. No visitor can read all this on the lettered backs of the books that have gathered around the scholar, but for him, from the Aldus on the lowest shelf to the Elzevir on the highest, every volume has a language which none but he can interpret. Be patient with the book-collector who loves his companions too well to let them go. Books are not buried with their owners, and the veriest book-miser that ever lived was probably doing far more for his successors than his more liberal neighbor who despised his learned or unlearned avarice. Let the fruit fall with the leaves still clinging round it. Who would have stripped Southey's walls of the books that filled them, when, his mind no longer capable of taking in their meaning, he would still pat and fondle them with the vague loving sense of what they had once been to him — to him, the great scholar, now like a little child among his playthings?

We need in this country not only the scholar, but the *virtuoso*, who hoards the treasures which he loves, it may be chiefly for their rarity and because others who know more than he does of their value set a high price upon them. As the wine of old vintages is gently decanted out of its cobwebbed bottles with their rotten corks into clean new receptacles, so the wealth of the New World is quietly emptying many of the libraries and galleries of the Old World into its newly formed collections and newly raised edifices. And this process must go on in an accelerating ratio. No Englishman will be offended if I say that before the New Zealander takes his stand on a broken arch of London bridge to sketch the ruins of Saint Paul's in the midst of a vast solitude, the treasures of the British Museum will have found a new shelter in the halls of New York or Boston. No Catholic will think hardly of my saying that before the Coliseum falls, and with it the imperial city, whose doom prophecy has linked with that of the almost eternal amphitheatre, the marbles, the bronzes, the paintings, the manuscripts of the Vatican will have left the shores of the Tiber for those of the Potomac, the Hudson, the Mississippi, or the Sacramento. And what a delight in the pursuit of the rarities which the eager book-hunter follows with the scent of a beagle! Shall I ever forget that rainy day in Lyons, that dingy bookshop, where I found the Aëtius, long missing from my *Artis Medicæ Principes*, and where I bought for a small pecuniary consideration, though it was marked *rare*, and was really *très rare*, the *Aphorisms of Hippocrates*, edited by and with a preface from the hand of Francis Rabelais? And the vellum-bound Tulpus, which I came upon in Venice, afterwards my only reading when imprisoned in quarantine at Marseilles, so that the two hundred and twenty-eight cases he has recorded are, many of them, to this day still fresh in my memory.

And the Schenckius,—the folio filled with *casus rariores*, which had strayed in among the rubbish of the bookstall on the boulevard,—and the noble old Vesalius with its grand frontispiece not unworthy of Titian, and the fine old Ambroise Paré, long waited for even in Paris and long ago, and the colossal Spigelius with his eviscerated beauties, and Dutch Bidloo with its miracles of fine engraving and bad dissection, and Italian Mascagni, the despair of all would-be imitators, and pre-Adamite John de Ketam, and antediluvian Berengarius Carpensis—but why multiply names, every one of which brings back the accession of a book which was an event almost like the birth of an infant?

A library like ours must exercise the largest hospitality. A great many books may be found in every large collection which remind us of those apostolic looking old men who figure on the platform at our political and other assemblages. Some of them have spoken words of wisdom in their day, but they have ceased to be oracles; some of them never had any particularly important message for humanity, but they add dignity to the meeting by their presence; they look wise, whether they are so or not, and no one grudges them their places of honor. Venerable figure-heads, what would our platforms be without you?

Just so with our libraries. Without their rows of folios in creamy vellum or showing their black backs with antique lettering of tarnished gold our shelves would look as insufficient and unbalanced as a column without its base, as a statue without its pedestal. And do not think they are kept only to be spanked and dusted during that dreadful period when their owner is but too thankful to become an exile and a wanderer from the scene of single combats between dead authors and living housemaids. Men were not all cowards before Agamemnon or all fools before the days of Virchow and Billroth. And apart from any practical use to be derived from the older medical authors, is there not a true pleasure in reading the accounts of great discoverers in their own words? I do not pretend to hoist up the *Bibliotheca Anatomica* of Mangetus and spread it on my table every day. I do not get out my great Albinus before every lecture on the muscles, nor disturb the majestic repose of Vesalius every time I speak of the bones he has so admirably described and figured. But it does please me to read the first descriptions of parts to which the names of their discoverers or those who have first described them have become so joined that not even modern science can part them; to listen to the talk of my old volume as Willis describes his circle and Fallopius his aqueduct and Varolius his bridge and Eustachius his tube and Monro his foramen—all so well known to us in the human body; it does please me to know the very words in which Winslow described the opening which bears his name, and Glisson his capsule and De Graaf his vesicle; I am not content until I know in what language Harvey announced his discovery of the

circulation, and how Spigelius made the liver his perpetual memorial, and Malpighi found a monument more enduring than brass in the corpuscles of the spleen and the kidney.

But after all, the readers who care most for the early records of medical science and art are the specialists who are dividing up the practice of medicine and surgery as they were parcelled out, according to Herodotus, by the Egyptians. For them nothing is too old, nothing is too new, for to their books of all others is applicable the saying of D'Alembert that the author kills himself in lengthening out what the reader kills himself in trying to shorten.

There are practical books among these ancient volumes which can never grow old. Would you know how to recognize "male hysteria" and to treat it, take down your Sydenham; would you read the experience of a physician who was himself the subject of asthma and who, notwithstanding that, in the words of Dr. Johnson, "panted on till ninety," you will find it in the venerable treatise of Sir John Floyer; would you listen to the story of the King's Evil cured by the royal touch, as told by a famous surgeon who fully believed in it, go to Wiseman; would you get at first hand the description of the spinal disease which long bore his name, do not be startled if I tell you to go to Pott — to Percival Pott, the great surgeon of the last century.

There comes a time for every book in a library when it is wanted by somebody. It is but a few weeks since one of the most celebrated physicians in the country wrote to me from a great centre of medical education to know if I had the works of Sanctorius, which he had tried in vain to find. I could have lent him the "*Medicina Statica*," with its frontispiece showing Sanctorius with his dinner on the table before him, in his balanced chair which sunk with him below the level of his banquet-board when he had swallowed a certain number of ounces, — an early foreshadowing of Pettenkofer's chamber and quantitative physiology, — but the "*Opera Omnia*" of Sanctorius I had never met with, and I fear he had to do without it.

I would extend the hospitality of these shelves to a class of works which we are in the habit of considering as being outside of the pale of medical science, properly so called, and sometimes of coupling with a disrespectful name. Such has always been my own practice. I have welcomed Culpeper and Salmon to my bookcase as willingly as Dioscorides or Quincy, or Paris or Wood and Bache. I have found a place for St. John Long, and read the story of his trial for manslaughter with as much interest as the laurel-water case in which John Hunter figured as a witness. I would give Samuel Hahnemann a place by the side of Samuel Thompson. Am I not afraid that some student of imaginative turn and not provided with the needful cerebral strainers without which all the refuse of gimcrack intelligences gets into the mental drains and

chokes them up, — am I not afraid that some such student will get hold of the “Organon” or the “Maladies Chroniques” and be won over by their delusions, and so be lost to those that love him as a man of common sense and a brother in their high calling? Not in the least. If he showed any symptoms of infection I would for once have recourse to the principle of *similia similibus*. To cure him of Hahnemann I would prescribe my favorite homœopathic antidote, Okie’s Bonninghausen. If that failed, I would order Grauvogl as a heroic remedy, and if he survived that uncured, I would give him my blessing, if I thought him honest, and bid him depart in peace. For me he is no longer an individual. He belongs to a class of minds which we are bound to be patient with if their Maker sees fit to indulge them with existence. We must accept the conjuring ultra-ritualist, the dreamy second adventist, the erratic spiritualist, the fantastic homœopathist, as not unworthy of philosophic study; not more unworthy of it than the squarers of the circle and the inventors of perpetual motion, and the other whimsical visionaries to whom De Morgan has devoted his most instructive and entertaining “Budget of Paradoxes.” I hope, therefore, that our library will admit the works of the so-called Eclectics, of the Thomsonians, if any are in existence, of the Clairvoyants, if they have a literature, and especially of the Homœopathists. This country seems to be the place for such a collection, which will by and by be curious and of more value than at present, for Homœopathy seems to be following the pathological law of erysipelas, fading out where it originated as it spreads to new regions. At least I judge so by the following translated extract from a criticism of an American work in the *Homœopatische Rundschau* of Leipzig for October, 1878, which I find in the *Homœopathic Bulletin* for the month of November just passed: —

“While we feel proud of the spread and rise of Homœopathy across the ocean, and while the Homœopathic works reaching us from there, and published in a style such as is unknown in Germany, bear eloquent testimony to the eminent activity of our transatlantic colleagues, we are overcome by sorrowful regrets at the position Homœopathy occupies in Germany. Such a work [as the American one referred to] with us would be impossible; it would lack the necessary support.”

By all means let our library secure a good representation of the literature of Homœopathy before it leaves us its “sorrowful regrets” and migrates with its sugar of milk pellets, which have taken the place of the old *pilulæ micæ panis*, to Alaska, to “Nova Zembla, or the Lord knows where.”

What shall I say in this presence of the duties of a Librarian? Where have they ever been better performed than in our own public city library, where the late Mr. Jewett and the living Mr. Winsor have shown us what a librarian ought to be — the organizing head, the vig-

ilant guardian, the seeker's index, the scholar's counsellor? His work is not merely that of administration, manifold and laborious as its duties are. He must have a quick intelligence and a retentive memory. He is a public carrier of knowledge in its germs. His office is like that which naturalists attribute to the bumble-bee, — he lays up little honey for himself, but he conveys the fertilizing pollen from flower to flower.

Our undertaking, just completed — and just begun — has come at the right time, not a day too soon. Our practitioners need a library like this, for with all their skill and devotion, there is too little genuine erudition, such as a liberal profession ought to be able to claim for many of its members. In reading the recent obituary notices of the late Dr. Geddings of South Carolina, I recalled what our lamented friend Dr. Coale used to tell me of his learning and accomplishments, and I could not help reflecting how few such medical scholars we had to show in Boston or New England. We must clear up this unilluminated atmosphere, and here, — here is the true electric light which will irradiate its darkness.

The public will catch the rays reflected from the same source of light, and it needs instruction on the great subjects of health and disease, — needs it sadly. It is preyed upon by every kind of imposition almost without hindrance. Its ignorance and prejudices react upon the profession to the great injury of both. The jealous feeling, for instance, with regard to such provisions for the study of anatomy as are sanctioned by the laws in this State and carried out with strict regard to those laws, threatens the welfare, if not the existence of institutions for medical instruction wherever it is not held in check by enlightened intelligence. And on the other hand the profession has just been startled by a verdict against a physician, ruinous in its amount, — enough to drive many a hard-working young practitioner out of house and home, — a verdict which leads to the fear that suits for malpractice may take the place of the panel game and child-stealing as a means of extorting money. If the profession in this State, which claims a high standard of civilization, is to be crushed and ground beneath the upper millstone of the dearth of educational advantages, and the lower millstone of ruinous penalties for what the ignorant ignorantly shall decide to be ignorance, all I can say is

God save the Commonwealth of Massachusetts!

Once more, we cannot fail to see that just as astrology has given place to astronomy, so theology, the science of Him whom by searching no man can find out, is fast being replaced by what we may not improperly call theonomy, or the science of the laws according to which the Creator acts. And since these laws find their fullest manifestations for us, at least, in rational human natures, the study of anthropology is largely

replacing that of scholastic divinity. We must contemplate our Maker indirectly in human attributes as we talk of Him in human parts of speech. And this gives a sacredness to the study of man in his physical mental, moral, social, and religious nature which elevates the faithful students of anthropology to the dignity of a priesthood, and sheds a holy light on the recorded results of their labors, brought together as they are in such a collection as this which is now spread out before us.

Thus, then, our library is a temple as truly as the dome-crowned cathedral hallowed by the breath of prayer and praise, where the dead repose and the living worship. May it, with all its treasures, be consecrated like that to the glory of God, through the contributions it shall make to the advancement of sound knowledge, to the relief of human suffering, to the promotion of harmonious relations between the members of the two noble professions which deal with the diseases of the soul and with those of the body, and to the common cause in which all good men are working, the furtherance of the well-being of their fellow creatures !

NOTE. — As an illustration of the statement in the last paragraph but one, I take the following notice from the *Boston Daily Advertiser* of December 4th, the day after the delivery of the address : —

"Prince Lucien Bonaparte is now living in London, and is devoting himself to the work of collecting the creeds of all religions and sects, with a view to their classification, — his object being simply scientific or anthropological."

Since delivering the address, also, I find a leading article in the *Cincinnati Lancet and Clinic* of November 30th, headed "The Decadence of Homœopathy," abundantly illustrated by extracts from the *Homœopathic Times*, the leading American organ of that sect.

In the New York *Medical Record* of the same date, which I had not seen before the delivery of my address, is an account of the action of the Homœopathic Medical Society of Northern New York, in which Hahnemann's theory of "dynamization" is characterized in a formal resolve as "unworthy the confidence of the Homœopathic profession."

It will be a disappointment to the German Homœopathists to read in the *Homœopathic Times* such a statement as the following : —

"Whatever the influences have been which have checked the outward development of Homœopathy, it is plainly evident that the Homœopathic school, as regards the number of its openly avowed representatives, has attained its majority, and has begun to decline both in this country and in England."

All which is an additional reason for making a collection of the incredibly curious literature of Homœopathy before that pseudological inanity has faded out like so many other delusions.

REFLEX SYMPTOMS IN HIP DISEASE.¹

BY EDWARD H. BRADFORD, M. D.

II. MUSCULAR contraction. Motion at a healthy hip-joint is limited by the tension of the muscles about the joint.²

In hip disease at its early stage, stiffness of the joint is due to muscular contraction. When the patient is anæsthetized the thigh moves freely. This contracted state of muscles can be used in diagnosis.

In certain cases, chiefly frightened and nervous children, when examination is difficult, it is a valuable symptom. In one patient—a nursing child one year old—this was the only positive symptom of hip disease I was able to find on the first examination.

In all of the cases of hip disease which I have examined with care, with one exception (Case I. when first seen³), certain of the muscles were found either *contracted* or in a state of *irritability*.

The muscles where contraction is most readily felt are the adductors, which on palpation will be found frequently hard and firm. At its insertion at the ramus of the pubes, the tendinous origin will be felt like a tightly drawn cord.⁴

This symptom is not always to be found in patients under thorough treatment, or in patients where the soft tissues have been infiltrated by suppuration.

The anterior border of the tensor vaginæ femoris will be frequently found firm and thickened. This I have seen at a comparatively early stage of the disease.

At a later stage of the affection, if the soft parts are not infiltrated by suppuration, there is rarely difficulty in detecting muscular contraction.

III. Stage of muscular irritability. Before the muscles become contracted, or after the stage of muscular contraction has passed away, provided inflammation remain at the joint, the muscles of that region are in a state of irritability, or muscular erethism (*érêthisme de la contrac-*

¹ Concluded from page 699. Read before the Massachusetts Medical Society, June 11, 1878.

² Hencke. Quoted in Hueter (Klinik d. Gelenkh., and also Weber brothers' experiments). This can be readily seen on cutting the muscles about the hip-joint in the cadaver.

³ This was one of the first cases seen, and it is possible that muscular "irritability" might have been present and not recognized, as the subsequent examination of cases showed that some little experience made the recognition of the early symptoms more easy.

⁴ The part played by the muscular contractions in the "vicious" positions of the limb, described by Bonnet, is undoubtedly a prominent one. The influence of effusion in giving a peculiar position to the limb is probably not as great as has been assumed. That it is of more importance than has been stated by some writers is easily verified by experiment. Inserting a large-sized needle of an aspirator into the hip-joint of a still-born child, I injected slowly an ounce or two of fluid; the thigh was flexed and abducted slightly, and rotated outwards. Bonnet and Weber's careful experiments can be confirmed in this way without trouble.

tilité musculaire: Bouchut). M. Verneuil terms this condition "*vigilance musculaire*;" or, as Dr. Sayre well expresses it, the muscles are "on guard" to protect the joint. The joint cannot be considered healthy as long as this symptom is present.

This state of muscular irritability is manifested by a liability to a characteristic spasmodic contraction of the muscles, or to an impairment of the elasticity of the muscles (if the term be allowed), felt on passive motion of the limb; there is "a reluctance of the muscles to relax" (Taylor), or passive motion is interrupted by muscular twitches.

In testing for this symptom no force should be used in moving the thigh. A certain amount of practice is needed in the least marked cases to distinguish this state of muscular irritation, which is a pathological one, from the physiological muscular resistance on moving the thigh of a fretful child. Patience and a comparison of the motion of the two thighs will help in this examination.

The nocturnal pains are known to be due to this state of muscular erethism. To use Dr. Sayre's metaphor, they are the alarm of the sentry. The muscles relaxed by sleep are suddenly spasmodically contracted and the diseased surfaces crowded together, causing pain.

This muscular irritability can be observed in the acute attacks of pain which occasionally are seen to interrupt the chronic course of hip disease.

In Cases II. and IV. the muscles at one time were so easily excited to contraction that the patella was seen twitched upwards one half to one inch by a spasm of the quadriceps extensor cruris; although the limb was not jarred or touched, and had been kept for some time in perfect rest with efficient extension.

This condition of muscular irritability was seen in the following cases, in a manner undoubtedly observed by others, but which I have not found mentioned:—

CASE VIII. D., boy, five years old, hip disease, six months' duration, with the usual symptoms, slight motion at the hip-joint. Passive motion caused a muscular tremor of the muscles on the outer and anterior side of the thigh and of the buttock. This resembled the muscular quivering seen in progressive muscular atrophy. This was also seen on striking lightly the *glutæus maximus*.

CASE IX. P., nine years old, hip disease, one year's standing, no motion at the hip-joint. Any attempt to lift the knee caused muscular tremor of the muscles on the anterior and outer side of the thigh.

CASE X. S., seven years old, hip disease, four months' standing, motion at the hip-joint in an area of 10°. Motion caused muscular tremor of the muscles on the outer and upper surface of the thigh. No pain on passive motion.

CASE XI. Adult, cachectic looking man, thirty years old. Limp-

ing in the right limb for a few months, slight rheumatic pains, limitation of motion in extension. Passive motion caused marked muscular tremor of the glutæus, vastus externus, rectus femoris. No pain on moving the limb.

Other cases might be cited, but the above will be sufficient.

The muscular tremor observed in these cases was peculiar. The whole belly of the muscle did not contract, but individual muscular bundles would twitch successively, giving an appearance of tremble to the whole muscle as if it shuddered at the thought of motion.¹

In the cases where this was most readily seen the patients were muscular, and there was but little adipose tissue.

If much force was used in the passive motion, the tremor was masked by a marked contraction involving the whole muscle.

IV. Diminution in electro-muscular contractility in muscles about the joint has been observed for some time in affections of the joint.

M. Lefort² pointed out the fact that the loss of contractility on electrical irritation, instead of following muscular atrophy in joint disease, precedes it. In cases of synovitis of the knee-joint this symptom is to be seen at the very beginning of the affection.

Valtat quotes a case of hip disease in which he found a diminution of electrical contractility to the faradic current in the tensor vaginæ femoris, and in the quadriceps extensor cruris.

Dr. N. M. Shaffer³ mentions four cases of hip disease examined by Dr. Seguin, in which there was a decided decrease of faradic contractility in the muscles of the thigh, but those of the leg showed a normal reaction.

The following cases of hip disease were examined for me through the kindness of Drs. Webber and Putnam; in all a marked diminution of reaction to the faradic current was found:—

CASE XII. McD., aged nine years, suffered from hip disease for four months, with the usual symptoms; there was marked atrophy of the limb and slight motion at the joint. Faradic contractility of muscles on the anterior surface of the thigh was diminished on the left (the affected) side more than on the right by one half, both on direct and indirect irritation. The subsequent course of the case confirmed the diagnosis. The patient subsequently underwent excision of the hip-joint and died.

CASE XIII. Boy eleven years old, hip disease, beginning when the boy was two years old. All sinuses and abscesses had ceased discharging. A natural cure of the disease, with ankylosis. Child able to

¹ Dr. J. J. Putnam has observed, in cases of rheumatism of the joints (both acute and chronic), muscular tremor of the muscles about the joint, on motion of the limb, both active and passive.

² Valtat, *De l'Atrophie musculaire dans les Maladies des Articulations*, Paris, 1877, page 9.

³ Reflex Muscular Contractions, etc., in *Joint Disease*, New York, 1877, page 10.

run about with perfect freedom. Affected limb shortened and smaller than the other. Diminution of muscular contractility to faradic irritation was found on the anterior and outer side of the thigh. The contractility of the adductors was also diminished, but to a less degree.

CASE XIV. Boy, aged ten, hip disease, one year's standing; diminution of the faradic contractility in muscles on the anterior surface of the thigh of the affected side.

CASE XV. E., five years old, hip disease of several months' duration, slight atrophy. Marked diminution of the faradic contractility (on direct irritation) was found in the rectus femoris of the affected side. This was not the case with the sartorius muscle. The tensor vaginæ femoris could not be satisfactorily examined.

CASE XVI. E. P., seven years old, hip disease of two years' standing, slight atrophy. Marked diminution to faradic irritation of the muscle, supplied by the crural nerve, on indirect irritation of these muscles; this less marked on direct irritation.

CASE XVII. H., eight years old, hip disease of two years' duration, slight atrophy, limb kept in good position by treatment. Diminution in reaction to faradization found on indirect excitation of the muscles supplied by the crural nerve.

In all of the cases which I examined atrophy was present. I am unable to say which symptom is the earlier.

This symptom is not readily recognized in young children, but promises to be of value in forming a diagnosis between hip disease and hysterical coxalgia.

V. Atrophy. Valtat, in a recent monograph, has carefully investigated this symptom in affections of all the joints. He finds it a very early and constant one.

My observations in regard to this symptom have not been sufficiently extended to warrant publication.

The symptoms above mentioned (muscular contraction, muscular irritation, diminution in electro-muscular contractility, atrophy) have been explained in various ways. It seems most rational to consider them all reflex symptoms.

Mr. Barwell speaks of a "joint sense," and claims that irritation of the joint is particularly liable to cause muscular spasm. He cites, as an example, the violent muscular spasm excited when a loose cartilage becomes lodged between the femur and tibia.

The existence of a "joint sense" suggests the "archæus" of the early medical writers, and seems hardly needed.

Muscular tonicities have been shown to be a reflex symptom,¹ which

¹ Brondgeest (*Ondezorkingen over den Tonus der Willekeurigen Spieren*, Utrecht, 1860). Cyon *Pflüger's Archiv*, vol. viii., 1878, quoted in *London Medical Record*, January, 1874. Erb and Westthal's recent observations seem to show the reflex nature of certain muscular contractions.

disappears on section of the sensitive root of the nerve supplying the part.

If irritation be present, the tonicity of the muscle is increased, and the muscle contracts.

The state called muscular irritation may be regarded as of a similar nature, but the result of a less powerful irritation; it is a lower stage of the same pathological change.

Atrophy and diminution in electrical reaction are early symptoms, seen when the joint is slightly involved, and when disease of the limb has not operated long enough to cause the change.

M. Ollivier well expresses the opinion at present generally received in regard to the nature of this group of symptoms:—

“Le système musculaire éprouve le contre-coup de presque toutes les affections qui peuvent atteindre les jointures.”¹

Mistakes in the diagnosis of hip disease are unfortunately not uncommon. The results of such mistakes are deplorable.

It has been said that every case of hip disease passes through a stage when it is called “rheumatism.” It is precisely at this stage that a diagnosis should be made.

Cases are not unfrequently seen where a diagnosis of “incipient” hip disease is made, although the disease has progressed so far that suppuration of the joint is imminent; it being apparently the opinion of some that hip disease is not present until grating can be felt on manipulating the joint under an anæsthetic, — or, in other words, until the disease has progressed to a dangerous extent.

The liability to error will be less if the following facts be kept in mind:—

(1.) Serious disease at the hip-joint may exist when no pain is complained of, and when no tenderness can be discovered.

(2.) Hip disease may be present, although the motion at the hip-joint is quite free.

(3.) If the motion at one hip-joint is more limited than at the other, hip disease must always be suspected, and the symptom regarded as highly characteristic of hip disease.

(4.) At the earliest stage the limitation of motion most readily recognized is in the direction of extension.

¹ Thèse de Paris, 1869.

RECENT PROGRESS IN DERMATOLOGY.¹

BY JAMES C. WHITE, M. D.

Purpura Hæmorrhagica. — Dr. Davis, of Chicago, reports ² five cases of this affection, which were treated successfully by combined doses of tincture of digitalis and fluid extract of ergot given every four hours. He is disposed to regard the disease as due to the defective development of muscular fibres in the middle coat of the smaller arteries, or the defective influence of the vaso-motor nerves on such fibres.

Removal of Superfluous Hairs. — Dr. Bulkley, in a paper ³ prepared for the last meeting of the American Dermatological Association, describes a method different from that hitherto employed to destroy the follicle and thus prevent the return of the hair; according to his account it works as successfully as the more severe methods by electrolysis, cauterization, etc. He takes a small glover's needle with sharp edges and inserts it in a slender handle, and holds it in the right hand. He then seizes the hair with epilating forceps in the left hand, and extracts with gentle traction while the point of the needle is engaged in the orifice. It is then thrust into the follicle to a depth greater than that occupied by the hair, and rotated several times. When removed it will be seen to have adhering to it the epithelial elements of the follicular walls. The operation is not painful, and no appreciable scar follows the inflammation produced by it. Although seemingly simple, much tact and patience are found necessary to insure successful results. Repeated attempts are often made before the needle enters the follicle, and Dr. Bulkley does not claim that more than fifty per cent. of the hairs removed at an operation will be permanently extirpated. Many and repeated sittings are therefore necessary, and he finds it difficult to remove more than from twenty-five to forty hairs at once. With regard to the permanency of the results, one of his cases was operated upon nearly two years ago, and the hairs remain absent.

If such successful results can be obtained by this operation of destroying the follicle mechanically and producing adhesive inflammation in its walls, it should take the place of the more complex and painful methods above referred to. See a report upon this subject in the notice of the recent meeting of the Dermatological Association in the JOURNAL of September 19th.

Anatomy of Scleroderma. — Dr. Chiari, assistant in the Path.-Anatomical Institute in Vienna, publishes ⁴ the results of his microscopical examination of the skin in a case of universal scleroderma. He found

¹ Concluded from page 729.

² Chicago Med. Journal and Examiner, June, 1878.

³ Archives of Dermatology, October, 1878.

⁴ Vierteljahresschrift für Derm. und Syph., v. Jahrg., 2 Hft.

only a thickening of the cutaneous and subcutaneous fibrous tissue, with a great deposit of pigment in the epidermis and papillary layer, both granular and diffused. There was no change in the glandular structures of the skin. The hypertrophy of the fibrous tissue he is inclined to regard as the result of a chronic inflammation of the skin rather than of an affection of the lymphatics, as held by Kaposi.

Treatment of Nævus by Sodium Ethylate. — At a recent meeting of the Medical Society of London, Dr. J. Brunton¹ read a paper upon this subject. The substance is obtained by adding metallic sodium, piece by piece, to absolute alcohol in a wide-mouthed bottle. It is added cautiously until effervescence ceases, when a crystalline substance is deposited. When brought into contact with water it is decomposed into sodium hydrate and common alcohol. Laid upon dry skin but little reaction follows, but in the presence of moisture caustic soda is produced as water is eliminated, and a gradual destruction of tissue follows, which may be hardly perceptible, or so intensified as to act almost like a cutting instrument. The pain may be checked quickly by dropping upon the part a little chloroform, which decomposes the alcohol. Dr. Richardson stated that the ethylate acted by taking up water from the tissues and re-forming alcohol, which coagulates the albuminous compounds, while the liberated soda acts as a caustic. The scar tissue which results was described as slight.

*Lupus Syphiliticus and Lupus Vulgaris.*² — In a lecture upon the difficulties of diagnosis in venereal diseases, Professor Zeissl, of Vienna, tabulates the points of difference between the so-called lupus syphiliticus, or syphilitic gummata, and ordinary lupus as follows: —

LUPUS SYPHILITICUS.

- (1.) Seat in the tissue of the cutis or the subcutaneous cellular tissue.
- (2.) Gummata are painful to the touch.
- (3.) Generally accompanied by ozæna syphilitica.
- (4.) Generally leave strongly marked and deep scars.
- (5.) In lupus syphiliticus hereditarius the velum is generally ulcerated.

LUPUS VULGARIS.

- (1.) Lively reaction in the neighborhood of the tubercles, or ulceration; frequently erysipelatous swelling of the surrounding tissues.
- (2.) Tubercles and ulcers are nearly painless.
- (3.) The bones of the nose are generally unaffected.
- (4.) Lupus generally leaves contracted scars.
- (5.) There is generally no ulceration of the velum molle.

The so-called Pigmentary Syphilide. — Concerning this alleged independent form of melanoderma Dr. Fox, of New York, presents³ the following views: The pigmentary syphilide as described by Hardy and others is not a direct manifestation of syphilitic disease. It is a non-

¹ The Lancet, November 2, 1878.

² Reprint from Allg. Wiener mediz. Zeitung, 1878, Nos. 19, 20, 21.

³ American Journal of Medical Sciences, April, 1878.

specific vitiligo, which though syphilitic in its origin cannot be properly classed among syphilitic lesions. It is most frequently observed upon the neck, but may be well marked upon various other portions of the body. It is usually more apparent upon females, but is by no means peculiar to this sex; nor is it always associated with a fair complexion. The whitish macules, which constitute the most important feature of the affection, are not merely white by contrast with a hyperpigmented background, but in consequence of a loss of pigment. These macules occur upon the site of preëxisting syphilitic lesions, remains of which may sometimes be observed as dark central points. The hyperpigmentation surrounding the macules is of secondary importance, although in the majority of cases it constitutes the most striking feature of the affection.

Dr. Atkinson, in a paper¹ presented at the last meeting of the American Dermatological Association, reports three cases of the affection, and expresses the belief that it appears independently of any preceding hyperæmia. He sees no reason why the syphilitic dyscrasia, as distinct from any cachectic condition, may not equally evoke similar pigmentary changes, and believes that it does.²

Leprosy. — Dr. Rohé, of Baltimore, reports³ the history of two cases of this disease affecting native-born Americans. One of them was born in New York; resided in Cuba from 1855 to 1864, but since the latter date in Baltimore. The disease showed itself only two years ago, at the age of fifty-two. He has four children, whose ages are between fourteen and twenty, but none of them have shown manifestations of the affection. The other case, a woman, aged forty-six, was born in Baltimore, and, although a resident in several cities of our Southern States prior to 1865, has never been out of the country. The disease showed itself during her last pregnancy, about nine years ago, but has not developed as yet in any of her children, the oldest of whom is twenty-nine years of age. These instances are an important contribution to the list of cases of leprosy in native Americans previously observed, and with them demonstrate beyond question the sporadic occurrence of the disease in all parts of the United States. A special report upon this subject was made by the committee on statistics of the American Dermatological Association at the recent meeting at Saratoga.

¹ Chicago Medical Journal and Examiner, October, 1878.

² In this connection the reporter would allude to a recent notice in *The Doctor* of the lecture on Melanoderma, published in the *JOURNAL* of May 16th. Dr. Drysdale remarks that the writer did not recognize this syphilitic ephelis, nor speak of *tinea versicolor* as a form of chloasma, suggesting that this might be owing to the difficult nomenclature of Hebra. *Tinea versicolor* is a parasitic disease, chloasma is a hypertrophy of pigment; the former, therefore, is in no way a variety of the latter. It would be as appropriate to call a dirty face a form of chloasma. We see no difficulty in Hebra's nomenclature in this regard, and must decline to accept the statement that "chloasma is generally held to be synonymous with pityriasis versicolor."

³ Maryland Med. Journal, July, 1878.

Leprosy in Norway. — In an interesting account¹ of his visit to Norway, in 1877, Dr. Rabe makes an extended report upon the present condition of the disease. In 1856 the number of lepers was 2847; in 1861, 2096, of which 709 lived in the asylums; in 1870, 2055; and in 1876 the number was reduced to 1800, of which 810 were in hospital. The number of lazarettos is six, and all possible means are employed by the government to alleviate the sufferings of the lepers. District physicians are appointed, who make a report twice a year upon their condition all over the country. He found but one of the latter who believed in the contagiousness of the disease, and he maintained that the period of incubation was very long.

Development of Epithelial Cancer. — Busch describes² the clinical history of some forms of epithelioma. Collections of horny scales are not infrequently observed which are firmly adherent to the surface of the skin. If these scales are carefully raised, numerous projections are seen upon their inner surface, penetrating the follicles. After removal the skin is not found excoriated, but covered with a delicate epidermal layer, and the papillæ in such parts are hypertrophied. This condition may last for years, and finally terminate in active hyperplasy of the epidermal projections within the cutis, or, in other words, in a cancerous ulcer. If such collections of epidermal masses are prevented from forming, and also the permanent irritation of the cutis, we may hinder the formation of carcinoma. For this purpose he advises the removal of the scales by the application of a solution of soda (from 1 to 2.5 per cent.) upon cloths, and subsequently washings with a weaker solution. By these means, he states, relapses are far less common. Collections of horny, epidermal matter, upon the surfaces of old people especially, are always to be regarded with suspicion.

On the Use of Linseed and its Oil. — Dr. Sherwell, of Brooklyn, read a paper³ before the Saratoga meeting of the American Dermatological Association upon the therapeutical value of linseed in skin diseases. Inferring from its nutritive effect upon animals that it would act in a similar way upon man, he used it both externally and internally in harsh and dry conditions of the skin, chronic eczema, ichthyosis, xeroderma, pityriasis rubra, etc. He presents details of four cases, in the recovery of which he attributes the chief agency to this material. He employs three methods of administration. In the first the patient carries about with him a pocketful of the raw seed, that from Calcutta preferred, and eats it at intervals during the day. In this way a cupful may easily be disposed of. As the seed contains thirty per cent. of oil a considerable quantity is thus easily assimilated. In the second way the seed is

¹ Archiv für Heilkunde, June 15, 1878.

² Vierteljahresschrift für Derm. und Syph., from Langenbeck's Archiv, 21 Band.

³ Archives of Dermatology, October, 1878.

coarsely ground and made into a porridge with milk, of which an ounce or more may be taken at a time. In the third the meal may be made into bread and eaten, but he does not give this equal value with the raw methods. Externally the oil is praised for its bland and soothing properties, and for its slight tendency to decomposition. Flesh was rapidly gained by its internal and external use in the cases cited, and the skin assumed a healthy state in a surprising manner.

Unguentum Vaselini Plumbicum. — Professor Kaposi, of Vienna, proposes¹ a new use for vaseline, — its substitution for olive or linseed oil in the manufacture of the diachylon ointment of Hebra. It is well known that a decided objection to this most valuable remedy exists in the penetrating, disagreeable odor, in consequence of the decomposition of the oil in the process of heating with the lead. Vaseline is not decomposed under these conditions, and the ointment prepared from it is odorless, and remains unchanged in this respect when applied to the skin. It has the same consistency as the ordinary salve, and possesses no irritating properties when applied to the inflamed skin. It is made by heating together equal parts of empl. diachyl. simplex and vaseline. It may be perfumed with a trace of oil of bergamot or lavender, or with Peruvian balsam. Vaseline itself, Kaposi finds, possesses no active properties whatever upon diseased skin, acting merely as an emollient.

THE DEDICATION OF THE BUILDING AND HALL OF THE BOSTON MEDICAL LIBRARY ASSOCIATION.

It is long since the occurrence in this city of a medical event of such marked interest as the dedication of our new Medical Library Building, which took place on Tuesday evening, December 3d. The building is situated at No. 19 Boylston Place, and is therefore central and yet retired. In our edition of November 28th, somewhat at length we referred to it, as well as to the hopes and intentions of the association. In the audience of about 160 physicians on the evening in question, there was a common feeling of admiration, surprise, and wonder. Admiration was excited by the beautiful hall, with its soft, brilliant light, its graceful galleries, and the admirable management of heat and ventilation; by the really charming apartments on the next story; and by the good taste of the whole. Surprise was natural, when one considered how much had been achieved with limited means in a relatively short space of time. Here were a fine building with every convenience, and a library of 10,000 volumes, the result of four years' work on the part of a very few young men; we might almost say of one indefatigable spirit, without whose indomitable energy the library would not have been gathered. One could hardly refrain from wondering how we had managed to exist without this attractive medical centre, which it is believed will open the way to greater intimacy and mutual interest between the members of our profession in this State and city.

¹ Wiener mediz. Wochenschrift, No. 17, 1878.

Dr. Oliver Wendell Holmes, president of the association, on calling the meeting to order, invited Dr. Fordyce Barker, of New York, to a seat by his side. He then called upon Dr. Charles P. Putnam, chairman of the building committee, for his report, in which it appeared that the rapid growth of the library had driven the association out of Hamilton Place, where books not only accumulated in piles, but where there were insufficient means of protection against fire. The ground lot of the building measures 60 by 27½ feet. An L of one story has been added, which lengthens the hall, and provides an immense lantern, which is closed from below by valves of ground glass, is supplied with numerous gas jets for evening use, and a glass roof, through which the sunlight may pour during the day. In summer the lantern can be used as a cooler. Heating and ventilating arrangements are so absolutely perfect that not only can the temperature of the hall be strictly controlled, but the movement of air can be kept at the rate of two feet per second, thus securing constant renewal of the air, yet without perceptible draughts. We cannot give full details of these arrangements, but may say they are as perfect as ingenuity can make them. Many of the suggestions came from Dr. John S. Billings, of Washington, and Dr. Edward Cowles, of the City Hospital. The hall on three sides is provided with galleries reached by winding staircases which continue on to the apartments above. These galleries create largely increased and available space for books. The second story is devoted to the journal and magazine room and the reading room. The third story is occupied by the resident assistant librarian, Dr. Edwin H. Brigham; and there are likewise two or three spare rooms, which may be used by committees or for other medical purposes. The building was purchased (not leased, as the *Advertiser* stated), and has upon it a mortgage of \$8000; there is also now due a debt of \$4000. Heretofore, subscriptions have not been publicly invited, but funds have been obtained by private solicitation. Dr. Putnam expressed the hope that friends of the association would continue their former liberality, and remarked that any sum, however small, would be gladly received. In closing, he paid a high compliment to Dr. J. R. Chadwick, to whose courage, energy, and untiring cheerfulness the whole affair is due.

The president, Dr. Holmes, then read an address which is published in full in the *JOURNAL*. We can say nothing of the wit and grace of Dr. Holmes's pen which has not been said a thousand times before. Of these characteristics the address was full to overflowing. Charles Lamb could not have made the mouth water as did the Professor on this occasion. His pride in the library, his intense interest in its success, and his admirable suggestions deserve remark which we have not space to give. His witty but earnest recognition of the activity of Dr. Chadwick in building this library was more than deserved, and it is from such a source that the gentleman to whom the profession is so much indebted should receive the praise he has earned.

Dr. Holmes next introduced Dr. J. S. Billings, U. S. A., librarian of the National Library at Washington, who said:—

"I appreciate very highly the privilege of being present at this meeting, as well as the honor of being called on to address such an assemblage, and I shall prove that appreciation by being very brief in my remarks. I had the pleasure

of hearing the first report of your librarian, and the progress of your collection shows that you need no advice that I could give. You have already reached that stage of development when you are having practical experience of the truth of that maxim which should be always in the mind of the librarian, namely, 'Unto him that hath shall be given,' and are close on the period when a new set of difficulties will arise, being those pertaining to collections of ten thousand volumes and upwards.

"I think I can best occupy the few moments which I propose to take by telling you something of the rise and progress of the Medical Library at Washington, of which I have charge. This library is now nearly thirteen years old; it contains about forty-eight thousand volumes and the same number of pamphlets, and is one of the best working medical collections in the world. This growth has been due to purchases, to exchanges, and last, but by no means least, to the liberality and public spirit of many members of the medical profession of this country, whose contributions have been large and numerous. To secure these contributions, however, requires in most cases personal application, and I used to search for them on upper shelves and in the closets and garrets of physicians with great success. On one occasion, however, I met with a cruel disappointment. On going into a physician's office I found a fine large book-case with glass doors, behind which appeared a goodly series of volumes in paper covers, neatly lettered on the back, and on examining the titles I found that they included complete series of some of the rarest of our medical journals, a class of publications which I have been specially anxious to secure, and that in fact there were three journals of which I had never even heard the names. The book-case was locked, and I eagerly requested of the doctor that he would open it and let me see these treasures, telling him that I *must* have them. He was very reluctant to comply, did not know where the key was, etc., but finally opened the case, and explained to me that a friend of his who was a member of Congress had sent him a large number of copies of Patent Office reports and diplomatic correspondence, and that these, neatly covered and labeled, had served to give his book-case such an attractive appearance.

"I have been often asked how many medical books we have yet to procure in order to make our library complete, and as it must be presumed that you also are aiming at perfection some data on this point may be of interest.

"Counting each work as one, regardless of the number of editions it may have passed through, I think that of medical books which ought to be in our national medical collection we have about one half.

"We can usually furnish the originals for seventy-five per cent. of the references given in modern medical works and bibliographies, and this is due to the fact that a large proportion of such references is always to articles in periodicals, and that we have succeeded in obtaining over eighty per cent. of all the medical journals and transactions which have been published throughout the world.

"So much has been said by the medical press within the last year or two about our index catalogue that I presume you are all familiar with its scope.

"Up to the evening of November 30th we had indexed the original articles

in 13,901 volumes of journals, 3293 volumes of transactions, and 725 volumes of sanitary and hospital reports and miscellaneous, — in all 17,919 volumes. We are receiving at the present time, and regularly indexing before placing them on the files, 372 medical journals and 201 series of medical transactions, and in addition to these we receive about 140 journals and 100 series of transactions, which are partially indexed.

"It is to be hoped that when, a hundred years hence, your librarian makes out his centennial report, he will be able to congratulate you on the fact that there has been a decided diminution in quantity of this class of publications during the century, and at the same time may be able to report that, with one exception, the most complete and useful medical library in the world is that of the Boston Medical Library and Journal Association."

At the close of Dr. Billings's remarks, the president read a telegram from the Kings County Medical Society of Brooklyn, then celebrating an annual festival, conveying greetings and best wishes to the association.

Mr. Justin Winsor, librarian of Harvard University, then followed in brief and eloquent remarks, in which he complimented Dr. Billings by denominating him the greatest medical bibliographer in this or any other country. He expressed the opinion that if any one thing entitled managers of libraries to a place in the ranks of those who pursue a science it is their coöperation with students. In former days, the merchant went home late at night, because he was kept by the necessity of making up reports for his foreign correspondents; now he goes home at four P M., certain that all news of importance will be ticked across the ocean by one man for all men. Such may be said to be the relation of the librarian to students. His part is to open the way which they wish to follow. The collection of medical works in the Public Library amounts to perhaps 10,000 volumes, to which should be added cognate works on chemistry, etc. This would increase the number to 12,000 or 15,000. It seems quite unwise to have two independent collections so near each other, when a passage might connect them. He could not yet point out details of the desired coöperation, but thought the time would come when the two libraries and that of the Medical School could be brought into coöperating relations; and this matter he commended to the librarian, to the dean of the Harvard Medical School, and to the president of Harvard University.

Dr. George H. Lyman, president of the Massachusetts Medical Society, was next introduced. He feared he could say nothing of interest, but as a representative of the Massachusetts Society he wished to acknowledge the compliment paid the society through him. He acknowledged all that had been done for the medical profession and the community at large by the establishment of this library. From its inception, the Massachusetts Medical Society made it a prime object to induce members to write essays, to investigate new remedies, epidemic diseases, and everything of interest. When ten years had elapsed, the society had sufficient material for a volume of transactions. The first thing then done was to send two copies to the maternal library at Harvard. As early as 1786, £20, a large sum in that day for a small society, was voted for the purchase of books. Later, the sum was increased, little by little the library grew, and only within three years was given up to the Public Library,

where it will be found to contain many curious and rare books. Dr. Lyman claimed that this new library was a legitimate outgrowth of efforts of the Massachusetts Medical Society. It is through its education of medical men that such an institution has been made possible.

Charles W. Eliot, president of Harvard University, then said that for two hundred years Harvard College has tried to do its part in educating the community; and its sympathies with all efforts in this direction have been and are unflinching. It was with great delight that he saw the success and vigor of this library, which in professional character resembled the Social Law Library and the General Theological Library; it is also of great interest to the university's medical school. All would agree with him that teachers should have ready access to books. Yesterday a rule was adopted at the Cambridge library to the effect that professors should have the first claim to books. He commended the rule to this association. He hoped that medical students also would have access to the library, and expressed the greatest interest in any organization which promotes learning, science, and literature. He saw in this library association an example of the true American method of self-reliance and independent action without governmental interference or help. In Massachusetts the profession is defended by the state medical society, an organization of the profession itself. So is this library a creation of the profession for its own advancement.

Dr. David P. Smith, of Springfield, vice-president of the Massachusetts Medical Society, then expressed his warmest congratulations, and urged that the benefits of the association be extended to the whole State, and hoped branch libraries would be established, so that in some way all the members of the faculty throughout the State might be reached. A hall like this, devoted to medical purposes, he considered a medical club-house. It would create a unity in the profession, — a common interest. He hoped such would be the result, for we all need to have the elbow touched by comrade true. And it should be impressed upon us that we are not so much servants as leaders of the community. We should be taught to take a higher place in our own estimation.

In introducing Dr. H. I. Bowditch, vice-president of the Library Association, the president reminded the audience that it was at Dr. Bowditch's house that the first meeting was held which culminated in this library.

Dr. Bowditch began his remarks by the suggestion that not only the profession but the laity owes a debt of gratitude to the young men whose efforts have procured for us this beautiful hall, this fine auditorium, its adjacent rooms, and the valuable library. He thought the association should be supported by the laity as well as by the profession. The establishment of this library was the consummation of his wishes. It will increase the culture of the whole profession of Massachusetts, and thereby benefit all the people therein. He knew some of the difficulties which had been met, and had admired the tact and perseverance of the young men who had so nobly overcome them. He felt that we could now call upon the laity for assistance; that those who were inclined could add a codicil to their wills in behalf of the library, or in some way offer aid through gifts.

He had seen two failures in attempts to found a library. He first established

the pamphlet library of the Society for Medical Observation, now a part of this collection. The second, occurring in the Suffolk District Society, failed on the ground that the public library could do more than the profession itself.

Dr. Bowditch's second topic was the very interesting history of a gift which he proposed to offer to the association after the close of the meeting. He was happy to think it was the first gift which would follow the inauguration, and hoped it would overlook a successful future. Some years ago, during the early period of the civil war, a man came to his study who evidently was suffering from some severe thoracic disease. Dr. Bowditch saw that he was a German gentleman of education, but poor. He attended him until his death, after which the widow requested Dr. Bowditch to take charge of her papers, etc., among other things the ancestral tree of her husband and two books of autographs. He then found that his patient was the descendant of a noble family which originated in 1386. Disgusted by the tyranny of Europe he came to this country, but unfortunately when slavery was in full force, when even Massachusetts was under the rule of the fugitive slave law. The man was disappointed, and gradually failed and died. In the autograph books are seen many noble names; among them that of Fabricius Hildenus, the father of German Surgery, dated at Berne, 1626. Hildenus was not so great as John Hunter, the father of English surgery, but in relation to the history of surgery in Germany the autograph is of great interest. He had had it framed and dedicated for deposit in the library. He pleasantly told the story of how the autograph finally became his. On the back of the same leaf is the autograph of a lawyer not known to history, but whose Latin mottoes written under his signature showed him to be a man of sense.

Dr. Chadwick moved a vote of thanks for the generous gift. The motion was seconded and passed.

Dr. Billings, in the course of his remarks, having mentioned the extreme difficulty of securing appropriations for the index of the National Library, Dr. J. B. S. Jackson now moved that a committee of five be appointed by the president for the purpose of memorializing Congress in regard to this matter. Seconded and passed. Dr. Holmes will announce the names of the committee hereafter.

The exercises then terminated. There was but one opinion in regard to the hall, the rooms, and the library, and that has already been made evident. At intervals during the evening there was some agreeable singing by gentlemen of the association.

The officers of the association are as follows: president, Oliver Wendell Holmes, M. D.; vice-president, Henry I. Bowditch, M. D.; secretary, Oliver F. Wadsworth, M. D.; treasurer, Thomas M. Rotch, M. D.; librarian, James R. Chadwick, M. D.; assistant librarian, Edwin H. Brigham, M. D.; executive committee, Drs. Frederick I. Knight, Edward Wigglesworth, William L. Richardson, Charles P. Putnam, and Frederick C. Shattuck.

MEDICAL EDUCATION IN GERMANY.

At the instigation of the Imperial Board of Health, a commission of experts was recently appointed to revise the law with regard to examinations for licenses to practice medicine in Germany. The examining bodies, according to their report, shall be appointed for each year by the central authorities of the various states, upon consultation with the faculties of the various universities. The candidate must present evidence of having graduated at a *gymnasium*; of having studied medicine nine half years at a German university,—the chancellor of the empire to decide how far an equivalent length of study in foreign universities is to be accepted; of having passed the university examination in the first two years' study, the *Vorprüfung*; and of having passed a year in the practical clinical study of surgery, medicine, and obstetrics, and a half year in the ophthalmic and insane clinics, that is, in all the above cases, as *Praktikant*. Six months' work as assistant in an approved hospital are accepted in place of one semester of study in the university. The subjects on which there are careful examinations comprise anatomy, including histology and preparation of microscopical specimens; physiology; pathology, with a practical demonstration of the parts in a post-mortem section; surgery, clinical, theoretical, and operative; clinical medicine, toxicology, and therapeutics; obstetrics and gynecology; psychiatry and hygiene. Chemistry, apparently, is not included farther than it would come under the head of clinical medicine, where also would come syphilis and diseases of the skin. Instead of a half year of practical work in the clinic studying insanity, it is accepted as an equivalent if the candidate has been an actual assistant at work in an insane asylum for six weeks.

The alternative method suggested, namely, of six weeks' work as assistant in an insane asylum, furnishes the key to the solution of the difficult question of education in insanity for students in many of our American colleges. There are so many practical difficulties in the way of teaching large classes in our insane asylums, where there are patients often of nearly all social grades, where the asylums offering the best facilities for study are too apt to be remote from the medical centres, and where the student can easily give one vacation or a couple of months, after finishing his regular course, to a little extra hospital work, that this method really seems to promise more favorably than any other. A medical superintendent of a hospital for the treatment of mental disease is rarely adequately supplied with assistant physicians; he could easily employ a half dozen students in clinical work, which would be of advantage equally to themselves and to the hospital and patients. But it is not necessary for us to repeat the arguments which we have brought forward in a previous number in favor of such an arrangement.

In this connection it is interesting to note the requirements for graduation in the medical department of the university at Munich, adopted early in the present year, where four years' work are insisted upon, and at least five years' work advised, in view of the great demands upon the students' time. The course of study is as follows: First semester: physics, general chemistry, anatomy, osteology, and general botany; second semester: anatomy, organic

chemistry, systematic botany, physics, mineralogy, and practice in the chemical laboratory ; third semester : physiology, dissecting, zoölogy, histology, and medical physics ; fourth semester : comparative anatomy, physiology, surgical anatomy, embryology, microscopy, physiological *cursus*, and practice in the chemical laboratory ; fifth semester : first, the *tentamen physicum* or *Vorprüfung*, referred to above, then obstetrics, general pathology, and pathological anatomy, therapeutics, surgery, special pathology, and treatment ; sixth semester : pathological anatomy, surgical clinic, medical clinic, where skin diseases are also taught as well as at the polyclinic, obstetric clinic, history of medicine, polyclinic, operative surgery, diagnosing *cursus*, dispensing *cursus*, special pathology, and treatment ; seventh semester : surgical, medical, obstetric, and ophthalmic clinic, practice in pathological anatomy (sections), polyclinic, children's clinic, diseases of the eye, course on the ophthalmoscope, syphilis, and laryngoscopy ; eighth semester : surgical, medical, obstetric, ophthalmic, and syphilis clinics, polyclinic, diseases of women, hygiene daily for three months, medical jurisprudence, insanity, surgical operative course and practical instruction in the surgery of the eye ; ninth semester : the great *Staats-Examen*, the thoroughness of which we already know.

MEDICAL NOTES.

— We publish this week one of our enlarged numbers, in order that we may give to our readers a report of the proceedings at the inauguration of the new Medical Library Building, and the address of Dr. Holmes in full. To such an ardent lover of books the theme was a congenial one, and those who heard the address will read it with renewed pleasure. As the sparkling sentences recall to them the wit and wisdom which flowed from the lips of the presiding genius, as they could have done from no other source, they, as well as those who were not present, even the professional "wet blankets" we hope, will feel that the association and the occasion afforded an opportunity worthy of its president's most brilliant advocacy. The interesting addresses of Professor Winsor and President Eliot, of Harvard College, with the valuable remarks of Dr. Billings, librarian of the National Medical Library at Washington, and those of Drs. Lyman and Bowditch of Boston, and Smith of Springfield, are reported elsewhere. We have little to add except to congratulate Dr. Chadwick and the efficient committees of the library on such a gratifying result of their public-spirited labors, and to bespeak the active interest of all our readers in an institution which will prove of practical value to medical men at a distance which renders libraries inaccessible.

— We venture to suggest that during nine months of the year there be one night set apart in each month for a social gathering of members of the Medical Library Association and others at the library rooms. It should be called "club night ;" there should be very simple refreshments provided out of small, voluntary contributions. The general endeavor should be the cultivation of more sociability between physicians, especially between the older and younger members of the profession, whose relations thus far, we fear, have been too strictly professional.

— The following classification and nomenclature of skin diseases were adopted by the American Dermatological Association, August 29, 1878:—

CLASS I. DISORDERS OF THE GLANDS.

1. Of the Sweat Glands: Hyperidrosis. Miliaria crystallina. Anidrosis. Bromidrosis. Chromidrosis.
2. Of the Sebaceous Glands: Seborrhœa: *a. oleosa*; *b. sicca*. Comedo. Cyst: *a. Comedo*; *b. Wen*. Molluscum sebaceum. Diminished secretion.

CLASS II. INFLAMMATIONS.

Exanthemata. Erythema simplex. Erythema multiforme: *a. papulosum*; *b. bullosum*; *c. nodosum*. Urticaria. Dermatitis: ¹*a. traumatica*; *b. venenata*; *c. calorica*. Erysipelas. Furuncle. Anthrax. Phlegmona diffusa. Pustula maligna. Herpes: *a. facialis*; *b. pro genitalis*. Herpes zoster. Psoriasis. Pityriasis rubra. Lichen: *a. planus*; *b. ruber*. Eczema: *a. erythematosum*; *b. papulosum*; *c. vesiculosum*; *d. madidans*; *e. pustulosum*; *f. rubrum*; *g. squamosum*. Prurigo. Acne. Impetigo. Impetigo contagiosa. Impetigo herpetiformis. Ecthyma. Pemphigus.

CLASS III. HÆMORRHAGES.

Purpura: *a. simplex*; *b. hæmorrhagica*.

CLASS IV. HYPERTROPHIES.

1. Of Pigment: Lentigo. Chloasma: *a. locale*; *b. universale*.
2. Of Epidermal and Papillary Layers: Keratosis: *a. pilaris*; *b. senilis*. Callositas. Clavus. Cornu cutaneum. Verruca. Verruca necrogenica. Xerosis. Ichthyosis. Of Nail. Hirsuties.
3. Of Connective Tissue: Scleroderma. Sclerema neonatorum. Morphoea. Elephantiasis Arabum. Rosacea: *a. ery-*

thematos; *b. hypertrophica*. Framboesia.

CLASS V. ATROPHIES.

1. Of Pigment: Leucoderma. Albinismus. Vitiligo. Canities.
2. Of Hair: Alopecia. Alopecia areata. Alopecia furfuracea. Atrophia pilorum propria.
3. Of Nail.
4. Of Cutis: Atrophia senilis. Atrophia maculosa et striata.

CLASS VI. NEW GROWTHS.

1. Of Connective Tissue: Keloid. Cicatrix. Fibroma. Neuroma. Xanthoma.
2. Of Vessels: Angioma. Angioma pigmentosum et atrophicum. Angioma cavernosum. Lymphangioma.
3. Of Granulation Tissue: Rhino-scleroma. Lupus erythematosis. Lupus vulgaris. Scrofuloderma. Syphiloderma: *a. erythematosum*; *b. papulosum*; *c. pustulosum*; *d. tuberculosum*; *e. gummatosum*. Lepra: *a. tuberosa*; *b. maculosa*; *c. anæsthetica*. Carcinoma. Sarcoma.

CLASS VII. ULCERS.

CLASS VIII. NEUROSES.

Hyperæsthesia: *a. Pruritus*; *b. Dermatalgia*. Anæsthesia.

CLASS IX. PARASITIC AFFECTIONS.

1. Vegetable: Tinea favosa. Tinea trichophytina: *a. circinata*; *b. tonsurans*; *c. sycosis*. Tinea versicolor.
2. Animal: Scabies. Pediculosis capillitii. Pediculosis corporis. Pediculosis pubis.

SANITARY NOTES.

— We propose hereafter to give from time to time information and statistics of interest concerning sanitary and quarantine matters; the general state of health in the city; comparisons between health statistics of different years and seasons, and such other items in this direction as may be deemed readable. In the newspapers we have Mr. Apollonio's weekly report of deaths and their causes, but the instructive facts which may be deduced when these statistics are presented in another form it will be our endeavor to cull out for publication in the JOURNAL. We take this opportunity to remark that any items touching sanitary matters, carelessness in the care of infectious cases, or other kindred topics, will be gladly received. Such communications should be very brief, for in any case they will be condensed for this department. The envelope may

¹ Indicating affections not properly included under other titles of this class.

conveniently be superscribed *Sanitary*.— We find that during the past six months five hundred and sixty-eight vessels have been detained and examined in quarantine. Especial rigidity naturally was exercised during the prevalence of yellow fever. Such vessels as were detained either came from infected districts, or were filthy and required cleansing. So late as last month a vessel was quarantined because of a death on board from yellow fever during the passage. Passengers or seamen who are quarantined are quartered at the hospital on Gallop's Island. But the port physician seldom has other duties than the examination of inward-bound vessels. For this reason he spends but little time on Gallop's Island, and since he otherwise would have much unoccupied time, by a wise arrangement he has been stationed at Deer Island Hospital as second assistant physician, and has a share of the patients of that institution under his care. Quarantine matters in our harbor are generally rather quiet, but we shall occasionally find something of interest concerning them.— The new sewer has been completed on Charles Street, and has turned the corner into Beacon Street (going west), where the patience of the residents is tried in many ways by details of construction. We must, however, express great surprise that the people in that neighborhood permit the water, which constantly is pumped from the old sewer, to flow through open spouts that not only expose it to the air, but provide for the dissemination of odors and gases as disgusting as they are dangerous. Conditions in that vicinity are the same as if there were an open sewer. By proper precautions the water might be entirely covered in its passage from the pumps. The Board of Health should not allow this to go on. It is, however, a remarkable fact that in spite of a faulty drainage system and the natural expectation of a frequency of typhoid fever, there have been during the past six months remarkably few deaths from this disease, as we shall show in a future number.

SHORT COMMUNICATIONS.

OBITUARY.

At a regular meeting of the Berkshire District Medical Society held November 27, 1878, the following resolutions were unanimously passed :—

Whereas, Dr. Elisha Williams, for many years a resident of Hinsdale and a member of this society, has been removed by death,

Resolved, That we deeply lament the loss which in his decease the medical profession and the public have sustained.

Resolved, That we remember with pleasure his professional skill and many admirable personal qualities which made him a successful and beloved physician.

Resolved, That our warmest sympathy be extended to his bereaved wife and mourning relatives and friends.

Resolved, That a copy of these resolutions be sent to the wife of our deceased brother, and that they be also published in The Boston Medical and Surgical Journal and both papers of Pittsfield.

A true copy, attest: J. F. A. ADAMS, M. D.,

Secretary Berkshire District Medical Society.

ABSTRACT OF THE BULLETIN OF THE PUBLIC HEALTH.

ISSUED BY THE SURGEON-GENERAL U. S. MARINE HOSPITAL SERVICE, UNDER THE NATIONAL QUARANTINE ACT OF 1878, FOR THE WEEK ENDED NOVEMBER 30TH. No. XXI.

OFFICE SURGEON-GENERAL M. H. S., WASHINGTON, *December 4, 1878.*

YELLOW FEVER. — During the week ended November 29th very few new cases or deaths occurred at any of the infected points. At Mobile there were three cases and one death; at New Orleans there were eight deaths, no new cases reported; at Memphis there were two deaths; at Greenville, Miss., one death, — a refugee.

BOSTON, MASS. — For the week ended November 30th there were 149 deaths from all causes, being an average annual death-rate of 22.1 per 1000 of the population. There were 13 cases of scarlet fever and five deaths, 14 cases of diphtheria and seven deaths, and three deaths from enteric fever.

CONNECTICUT. — The report of the State Board for October shows 82 deaths in New Haven and 66 in Hartford. Thirty-four per cent. of the deaths were from preventable diseases generally traceable to unsanitary conditions. In Orange a whole family were seriously poisoned by well-water contaminated by a drain from a sink.

BROOKLYN, N. Y. — For the week ended November 23d the total deaths were 184, an average annual death-rate of 17.2. There were 33 cases of scarlet fever and eight deaths, 41 cases of diphtheria and 14 deaths, and 60 deaths from diseases of the respiratory system.

PHILADELPHIA, PA. — There were 295 deaths from all causes in the week ended November 23d, an average annual death-rate of 17.5. There were 13 deaths from scarlet fever and 11 from diphtheria.

BALTIMORE, MD. — During the week ended November 23d there were 106 deaths from all causes, an annual death-rate of 15.5 per 1000. Diphtheria caused nine deaths, scarlet and enteric fevers five each, and phthisis 16.

DISTRICT OF COLUMBIA. — The average annual death-rate for October was 24.9. Preventable diseases caused nearly one third of all the deaths.

RICHMOND, VA. — During the week ended November 23d there were 25 deaths, an average annual ratio of 16.45 per 1000 of the population. In the week ended November 30th there were 20 deaths, a ratio of 13.16 per 1000.

CLEVELAND, OHIO. — For the week ended November 30th the total deaths were 56, a mortality-rate of 11.9 per 1000. There were 25 cases of diphtheria and 15 deaths, six cases of scarlet fever and two deaths.

MILWAUKEE, WIS. — Week ended November 23d total deaths 36, mortality-rate 15.2. There were 23 cases of diphtheria and two deaths.

ST. LOUIS, MO. — For the week ended November 16th, in an estimated population of 500,000, there were 83 deaths reported, an average annual death-rate of 8.63 per 1000. In the preceding week the average death-rate was 10.5.

CHARLESTON, S. C. — Week ended November 23d. Total deaths 37. Mortality-rate 38.5.

SAVANNAH, GA. — Week ended November 15th. Total deaths 18. Annual ratio 26.

SELMA, ALA. — The annual ratio of deaths per 1000 for July was 40.7, for August 52, for September 34, and for October 23.

NEW ORLEANS, LA. — For the four weeks ended November 17th the deaths from all causes were respectively 310, 193, 154, 135; the deaths from yellow fever were 177, 69, 31, 29; from "malarial" fevers 29, 19, 12, 7; from phthisis 15, 15, 23, 21. Annual rate of mortality for the four weeks was 40, for the week ended November 17th 34.4.

HAVANA, CUBA. — In the week ended November 30th there were eight deaths from yellow fever and six from small-pox.

BERMUDA. — No deaths occurred in a population of 15,200 during the week ended November 26th.

RIO DE JANEIRO. — Total deaths for the four weeks ended November 2d 1287, being a mortality-rate of 55.77 per 1000. There were 449 deaths from small-pox, seven deaths

from typhus, 13 from enteric fever, 34 from "pernicious" fever, and 10 from yellow fever. The small-pox is raging with great intensity in the province of Cará.

BAHIA.—For the week ended October 31st there were 57 deaths, a mortality-rate of 22.6 per 1000. The deaths include seven from small-pox and three from typhus fever.

NINGPO, CHINA, a city of 400,000 inhabitants, has no health board or hospitals. The prevailing diseases are diarrhoea, enteric and typhus fevers, consumption, small-pox, and cholera. The latter disease does not prevail epidemically.

SINGAPORE.—The port and island are reported free from infectious diseases up to October 16th.

VIENNA, AUSTRIA.—For the two weeks ended November 2d there were 692 deaths from all causes, an annual death-rate of 24.75 per 1000. The deaths include 15 from small-pox, 12 from enteric fever, six from scarlet fever, and 38 from diphtheria.

GIBRALTAR.—Week ended October 26th; there were 30 deaths, a mortality-rate of 26.3.

GREAT BRITAIN.—For the three months ended September 30th there were 129,348 deaths in England from all causes, being an average annual rate of 20.6 deaths in 1000 of the population. In twenty large cities and towns the death-rate for the quarter year was 23.7. Twenty-three per cent. of the total deaths were from seven preventable diseases. There were 17,528 deaths from diarrhoea, 4348 from scarlet fever, 2719 from other fevers, 649 from diphtheria, and 179 from small-pox. All but 16 of the fatal cases of small-pox occurred in London and its immediate vicinity. The percentage of deaths from diarrhoea was 3.7 per 1000 of the residents of cities against 1.5 per 1000 in the rural districts.

In twenty large English cities and towns having an aggregate population of seven and a quarter millions, the average annual death-rate for the four weeks preceding November 9th was successively 20, 21.6, 22, and 24.3, the increase being due to the greater fatality of pulmonary diseases.

LONDON.—The deaths from all causes for the week ended November 9th were equal to 23.2 per 1000 in the city proper and to 18.3 in the suburbs. There were 119 cases of small-pox in the hospitals and nine deaths. Eight out of the nine deaths were certified as unvaccinated.

LIVERPOOL.—For the week ended November 9th there were 263 deaths, an average annual death-rate of 25.7 per 1000. Scarlet fever caused 34 deaths, enteric fever eight, diphtheria four.

EDINBURGH.—The death-rate per 1000 for the week ended November 9th was 23. Nearly fifty per cent. of the deaths were due to pulmonary diseases.

GLASGOW.—The death-rate has continued steadily at 21 per 1000 for six weeks.

IRELAND.—For the three months ended September 30th the whole number of deaths was 20,390, an annual rate of 15.2 per 1000. Diarrhoea caused 708 deaths and small-pox 249. Seven preventable diseases caused 13.4 of the total deaths.

DUBLIN.—For the two weeks ended November 9th the deaths from all causes were 296, a mortality-rate of 24.5. There were eight deaths from small-pox, making 468 deaths from this cause since January 1, 1878.

On the Island of St. Kilda the deaths exceed the births in the ratio of three to two and a half. Ninety per cent. of the infants born on the island die of "trismus nascentium," probably induced by both the nursing mothers and the infants being fed almost wholly on the excessively fatty flesh of the petrel.

GERMAN EMPIRE.—During the two weeks ended November 9th there were 10,490 births and 6535 deaths in one hundred and fifty cities and towns of 15,000 inhabitants and upwards, having an aggregate population of 7,400,000. The average annual rate of mortality was 22.9 per 1000 of the population against 24.3 for the week ended October 19th. The deaths include 318 from diphtheria, 228 from scarlet fever, and two from small-pox. Phthisis caused the death of 891 persons.

JOHN M. WOODWORTH,

Surgeon-General U. S. Marine Hospital Service.

COMPARATIVE MORTALITY-RATES.

	Estimated Population, July 1, 1878.	Deaths during week ending Nov. 30, 1878.	Annual Death-Rates per 1000 living.		
			For the Week.	For the Year 1877.	Mean for ten Years, '68-77.
New York.	1,093,171	474	22.55	23.42	28.71
Philadelphia.	876,118	299	17.75	18.80	21.54
Brooklyn.	549,438	155	14.67	21.51	25.50
Chicago.	460,000	146	16.50	17.83	22.39
Boston.	375,476	149	20.63	20.10	24.34
Providence.	100,000	33	17.16	18.81	19.20
Lowell.	55,798	13	12.12	19.09	22.50
Worcester.	54,937	14	13.26	20.06	22.30
Cambridge.	53,547	16	15.53	18.69	20.83
Fall River.	53,207	38	37.14	21.35	24.96
Lynn.	35,528	12	17.57	20.42	19.67
Springfield.	33,981	9	13.78	16.02	19.77
Salem.	27,140	15	28.74	20.38	21.15

THE METRIC SYSTEM IN MEDICINE.

OLD STYLE.

i. or gr. i. equals

f3i. or 3i. equals

f3i. or 3i. equals

METRIC.

Gms.

06

4

32

The decimal line instead of *points* makes errors impossible.

As .06 (Drug) is less than a grain, while 4. and 32. (Vehicle) are more than the drachm and ounce, there is no danger of giving too large doses of strong drugs.

C. C. used for Gms. causes an error of 5 per cent. [excess].

A teaspoon is 5 Gms. ; a tablespoon, 20 Gms.

BOSTON SOCIETY FOR MEDICAL OBSERVATION. — The next regular meeting will be held at the hall of the Medical Library, 19 Boylston Place, on Monday evening, December 16th. Dr. J. C. Warren will read a paper on Symmetrical Gangrene of the Extremities.

UNITED STATES MARINE HOSPITAL SERVICE. — Assistant Surgeon Edmund J. Doring has been ordered from San Francisco to Philadelphia to relieve Assistant Surgeon Robert White, ordered to report for duty in the office of the surgeon-general at Washington. Assistant Surgeon F. W. Mead ordered to San Francisco, *vice* Assistant Surgeon Doring transferred as above. Assistant Surgeon J. C. Fisher ordered to Pittsburg to relieve Surgeon George Purviance ordered to Cairo to relieve Assistant Surgeon H. M. Keyes, granted leave of absence.

RHODE ISLAND MEDICAL SOCIETY. — A quarterly meeting will be held in Lyceum Hall, Providence, Wednesday, December 18, 1878, commencing at ten o'clock, A. M., promptly. Papers will be read by Drs. H. G. Miller, Virgil O. Harden, F. O. Whitney, and S. Clapp. Censors' meeting at nine o'clock, A. M. Applicants for membership must send their diplomas, accompanied by a written application indorsed by two Fellows of the society, to the office of the secretary, 310 Benefit Street, Providence, on the day previous to the meeting.

W. E. ANTHONY, Secretary.

The president will receive the Fellows of the society at his residence, 113 Washington Street, from three to five P. M.